

IDR-85-H Claim for Credit for Hotel Tax Paid

Read this information first

You must complete **all** steps on this form before we can process your claim for credit. You must also attach to this form a completed, amended return for each period for which you are claiming a credit.

If you have questions, write us at the address below or call our Springfield office weekdays between 8:00 a.m. and 4:30 p.m. at 217 785-5851.

Mail your completed claim and any amended returns to:

MISCELLANEOUS TAXES DIVISION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19019
SPRINGFIELD IL 62794-9019

Step 1: Identify your business

1 Business' name _____

2 Owner's name _____

3 Address _____
Street address

City _____ State _____ ZIP _____

County _____

4 Date
 Month Day Year

5 IBT number _____
Illinois business tax number

6 Certificate of registration number **HM -** _____

7 Daytime telephone number _____

8 Amount of credit claimed \$ _____

Step 2: Complete the following information

9 Did you collect the Hotel Operator's Occupation Tax from your customers? ☐ yes ☐ no
If "yes," did you refund the overpayment to your customers? ☐ yes ☐ no

If "yes," did you refund the overpayment to your customers?

If "yes," attach proof that the overpayment was refunded.

10 Explain all reasons why you are filing this claim. You may use the back of this form if you need additional space.

11 Complete the following table for all **City of Chicago** locations.

[illegible]

► Please go to the back and continue completing Steps 2 and 3.

Memo no.:
Credit amt.:
Verified by:
Date:
Approved by:
Date:

Step 2: Complete the following information (continued)

12 Complete the following table for all locations other than those located within the City of Chicago.

1	2	3	4	
Month and year of tax return on which overpayment was paid	Amount of tax paid (If paid under protest, write "P" to the left of the amount.)	Tax due as corrected	Subtract Column 3 from Column 2. This is the amount of credit claimed.	Official use only
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____

13 Are you a party to any civil suit involving these amounts? ☐ yes ☐ no
If "yes," write the name of the suit. _____

Step 3: Sign below

Under penalties provided by law, including a fine, imprisonment, or both, I state that I have examined this claim and, to the best of my knowledge, it is true, correct, and complete. I also state that the information is taken from the books and records of the business for which this claim is filed.

Claimant's signature _____ Title (e.g., owner, partner, officer, or authorized agent) _____ Date _____

